

NEIL ABERCROMBIE
GOVERNOR



DWIGHT TAKAMINE
DIRECTOR

AUDREY HIDANO
DEPUTY DIRECTOR

WALTER B. KAWAMURA
ADMINISTRATOR

**STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION**

830 PUNCHBOWL STREET, ROOM 209
P.O. BOX 3769
HONOLULU, HAWAII 96812-3769
www.hawaii.gov/labor
Phone: (808) 586-9151 / Fax: (808) 586-9219

Section 386-94 HRS relating to attorney fees states:

"In approving fee requests, the director, appeals board, or court may consider factors such as the attorney's skill and experience in state workers' compensation matters, the amount of time and effort required by the complexity of the case, the novelty and difficulty of issues involved, the amount of fees awarded in similar cases, benefits obtained for the claimants, and the hourly rate customarily awarded attorneys possessing similar skills and experience. In all cases reasonable attorney fees shall be awarded."

Please complete the information below which will assist us in determining your authorized hourly rate as required under section 386-94, HRS.

REQUEST FOR INCREASE IN HOURLY RATE

Name: _____

Address: _____

License No.: _____ Date Licensed: _____

Number of years practicing law in Hawaii: _____

Number of years of Hawaii workers' compensation experience: _____

Number of Hawaii workers' compensation cases handled in the last ten years: _____

Last three workers' compensation cases (Claimant, Case Number and Date of Accident):

1. _____

2. _____

3. _____

Current Rate: _____ Rate being requested: _____

Signature: _____ Date: _____

Your approved hourly rate is: _____

APPROVED BY: _____ DATE: _____